

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on January 5, 2004.

I. DISPUTE

Whether there should be additional reimbursement for CPT code 99456-WP rendered on 9/19/03.

II. RATIONALE

Review of the requestor's position statement dated December 11, 2003 states, "...I found the patient to be at maximum medical improvement and I carried out an impairment rating on her. Enclosed is a copy of the impairment rating.

This patient had two injured body areas that needed to be rated. She had an injury to her clavicle and I rated her right upper extremity and shoulder and brought that to a percentage of impairment of whole person. She also had an injury to her face and I rated her face and I brought that to a percentage of impairment of whole person.

This patient had a fracture of the right zygoma in her face for which she underwent an open reduction internal fixation of the right zygomatic maxillary complex. She also had a fracture of the right clavicle.

I submitted a HCFA-1500 to the insurance company of \$800. That was for two body areas. The first body area was her upper extremity. The second body area was her face. Two was placed in the units column and she had two separate ICD 9 diagnoses, one for the fractured clavicle \$810.02 and one for the fracture of her face 802.4.

The requestor did not submit a position statement.

Review of the carrier's EOB dated 10/30/03 revealed that the requestor billed for CPT code 99456-WP in the amount of \$800.00. The carrier paid \$650.00 and denied the remaining amount as "F-The charge for the procedure exceeds the amount indicated in the Fee Schedule. Reduced or denied in accordance with the appropriate Fee Guideline Ground Rule and/or Maximum allowable reimbursement (MAR)." The requestor was reimbursed the amount of \$350.00 for the MMI and \$300 for the first musculoskeletal body area (upper extremity), totaling \$650.00. The second body area (face) is billable according to the TWCC Rule 133.202 (e)(6)(D)(IV)(I) for non-musculoskeletal body areas and shall be billed and reimbursed using the appropriate CPT code(s) for the test(s) required for the assignment of IR. According to the TWCC Advisory 2004-01, the requestor is entitled to additional reimbursement in the amount of \$150.00.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99456-WP in the amount of **\$150.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$150.00** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 5th day of April 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

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